



Long Term Care Systems Change

Long Term Care

- Nationally, efforts are underway to rebalance the system
- The SFY07 KS Medicaid LTC Budget = approx. 53% HCBS, 47% Institutional Services

Cost Effectiveness

Kansas SFY07 HCBS vs Institutional Care

Avg Number of Persons served in institutional settings: 11,549 23%

Avg cost per person:	\$36,474
[nursing facility]	\$32,316
[ICF/MR]	\$104,314

Avg Number of Persons served in community services: 40,191 77%
Avg annual cost per person : \$12,218

Total Budget SFY 07 Institutional settings \$421,232,738 47%

Total Budget SFY 07 Community Services \$482,827,633 53%

Community Services - Summary 53% of LTC funding serves 77% of the individuals
Institutional Services - Summary 47% of LTC funding serves 23% of the individuals

Cost Effectiveness

- HCBS is more cost effective than institutional care in the *aggregate*
- Not necessarily a cost savings to the state, but rather a slowing in the growth rate of the cost of institutional care, due to:
 - aging demographics and increased demand for all LTC options.
 - some individuals receiving institutional services require such a high level of care that their needs may not adequately be met in the community, or if met in the community, would not result in a cost savings over institutional care.

Current HCBS Service Options

SRS Waivers

- Physical Disability (PD)
- Developmental Disability (DD)
- Traumatic Brain Injury (TBI)
- Technology Assistance (TA)
- Each program serves a distinct population
- Based on the population to be served, each program has a different design and different goals and outcomes

KDOA Waivers

- Frail Elderly (FE)

Barriers To Expanded Community Options

- Stability in care
- Stability in staff
- Socialization
- Structure
- Access to health care

Barriers To Expanded Community Options

- Limits in Current Programs
 - DD Waiver
 - Lack of crisis stabilization options
 - Ability to handle difficult to serve behaviors
 - Difficult to project population estimates and level of service needed
 - TBI Waiver
 - Does not serve acquired brain injuries

State Initiatives

- Added Dental Coverage to PD, DD, and TBI Waivers
- 2006 Real Choice Systems Transformation Grant
- 2007 Money Follows the Person Grant
- Applied for 2007 State Profile Tool

FY09 Budget Requests

- Enhancement Requests
 - Funding to continue practice of no waiting list for PD and TBI Waiver
 - Funding to provide services to individuals currently on waiting list for DD Waiver
 - Funding to provide state match for MFP Grant
 - Funding to increase reimbursement rates
 - Funding to expand TBI Waiver to serve persons with ABI as result of stroke

Expanding Community Options

- Issues to consider
 - Quality of Life
 - Independence
 - Choice
 - Availability of age appropriate activities, including social, community engagement and employment
 - Family and consumer confidence in community living options

Future Systems Change Efforts

- Individual choice is key
- LTC System should ensure broad, effective array of services over the course of a lifetime, appropriate to the individual's age and lifestyle
- Flexibility to change service options as individuals needs and circumstances change
- Ensure mechanisms in place to fully inform consumers and families of all available options



Medicaid Long-Term Care
for Seniors:
Nursing Facilities
Frail Elderly Waiver

Medicaid Eligibility

- SRS determines financial eligibility.
- KDOA determines functional eligibility. This is called a “Level of Care” score.
- All seniors on Medicaid who receive long-term care assistance are functionally eligible for a nursing home.
- But, some people choose to stay at home.

Nursing Facility program

- \$343.9m – SFY 2007 budget for nursing facilities:
- 10,508 – Average number of persons / per month
- \$2,693 – Average cost per person per month

Frail Elderly Waiver

- \$57.6m – HCBS-FE annual budget
- 5,820 – Average number served/month
- \$ 824 – Average cost per person/month
- No waiting list

What We Know

- People prefer to stay at home.
- HCBS services are 2/3 of the cost of nursing facility care.

Enhancement of FE Services

- Expansion of dental services in 2007
- 2008 Proposed expansion of attendant care
 - FY '09 enhancement request: \$5 million
 - More hours of care
 - Adding non-physical support

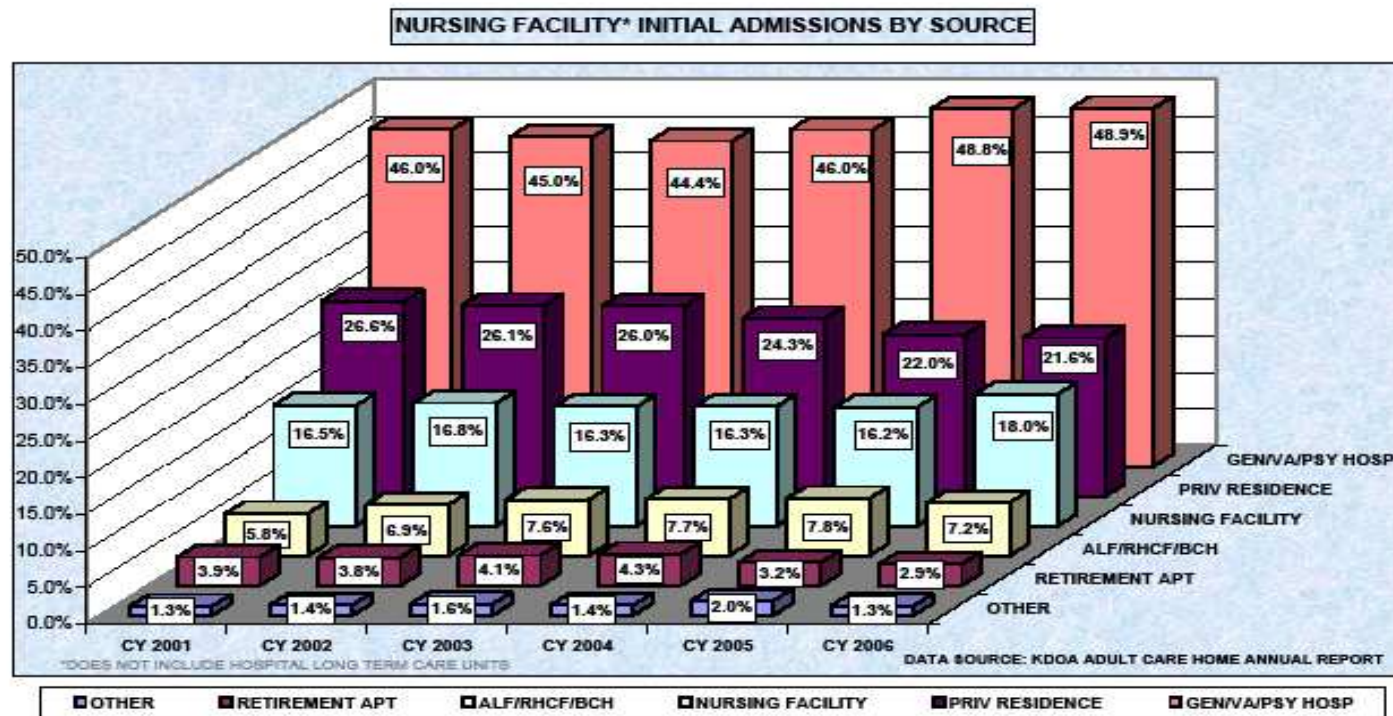
Other Senior Programs

- KDOA also administers Older Americans Act, grant funded and State General Fund programs that provide community based support to seniors and their families.
- The array of these other services can help postpone Medicaid eligibility or nursing home placement.
- The Area Agencies on Aging are critical local partners, coordinating these services.

Current Issues

- Nursing home discharge
 - Federal Money Follows the Person grant
 - State Money Follows the Person proviso
- Nursing home diversion
 - More to be done
 - Potential for savings

Nursing Home Admissions



Emerging Projects

- Telemedicine
 - Frail Elderly pilot in southeast Kansas
- Nursing home diversion
 - Flint Hills pilot project
 - Administration on Aging grant application (not awarded) included cash and counseling pilot project
- Long-Term Care Partnership

Long Term Care Reform

- Budget Policy:
 - Should the State develop a single long-term care budget across programs and agencies?
 - Should HCBS be considered an entitlement?
- Program:
 - How should the programs be structured and where should they be administered?

Long Term Care Reform

- Costs: What savings can we find?
 - Telemedicine
 - Family supports
 - Self-directed care
 - Other cost-containment mechanisms
 - Cost avoidance, too
- Information
 - Adequate and timely information about options.